|    | OBFT LED  |
|----|---|
|    | EB-5 PM   |
| 1  | BFEB-5 PH 1: 14   |
| 2  |   |
| 3  |   |
| 4  |   |
| 5  | E-filing  |
| 6  | L-1111119   |
| 7  |   |
| 8  | UNITED STATES DISTRICT COURT CR   |
| 9  | NORTHERN DISTRICT OF CALIFORNIA   |
| 10 | Jeffertevene walker } CV 08 080   |
| 11 | Teffer Evene Walk et Plaintiff CASE NO. 08 080  |
| 12 | vs. PRISONER'S  |
| 13 | captain Jane doe  Tohn doel, John doe 2  Gene doe  Defendant.  APPLICATION TO PROCEED  IN FORMA PAUPERIS  |
| 14 | John doel, John doe 2 Defendant   |
| 15 | gene doe  |
| 16 | I, TEFFET WG/KeV, declare, under penalty of perjury that I am the plaintiffen                             |
| 17 | the above entitled case and that the information I offer throughout this application is true and correct. |
| 18 | I offer this application in support of my request to proceed without being required to prepay the full    |
| 19 | amount of fees, costs or give security. I state that because of my poverty I am unable to pay the         |
| 20 | costs of this action or give security, and that I believe that I am entitled to relief.                   |
| 21 | In support of this application, I provide the following information:                                      |
| 22 | 1. Are you presently employed? Yes No   |
| 23 | If your answer is "yes," state both your gross and net salary or wages per month, and give the name       |
| 24 | and address of your employer:   |
| 25 | Gross:  |
| 26 | Employer:   |
| 27 |   |
| 28 | If the answer is "no," state the date of last employment and the amount of the gross and net salary       |
|    | ,   |

PRIS. APP. TO PROG. IN FORMA PAUPERIS

| 1   | and wages per month which you received. (If you are impriso                   | oned, spec | cify the last place               | e of         |
|-----|---|------------|-----------------------------------|--------------|
| 2   | employment prior to imprisonment.)  |            |                                   |              |
| 3   | Mr. wonder Filentertainmen  | of B       | USINASS                           | owner        |
| 4   |   |            |                                   |              |
| 5   |   |            |                                   |              |
| 6   | Have you received, within the past twelve (12) months,                        | any mon    | ey from any of t                  | he following |
| 7   | sources:  | ٠.         | :                                 |              |
| 8   | a. Business, Profession or  | Yes        | No                                |              |
| 9   | self employment   |            | <del>-</del>                      | )            |
| 10  | b. Income from stocks, bonds,   | Yes_       | No                                |              |
| 11  | or royalties?   |            | - · ·                             |              |
| 12  | c. Rent payments?   | Yes        | No                                |              |
| 13  | d. Pensions, annuities, or  | Yes_       | No V                              |              |
| 14  | life insurance payments?  | . 100      | _ 110                             |              |
| 15  | e. Federal or State welfare payments,   | Yes        | No.                               | 41           |
| 16  | Social Security or other govern-  |            | <del>-, 110 <u></u></del>         |              |
| 17  | ment source?  |            |                                   |              |
| 18  | If the answer is "yes" to any of the above, describe each source              | ofmone     | v and state the a                 | mount        |
| 19  | received from each.   | . OI HIOHO | y mai sume un a                   | ·            |
| 20  | received nonicach.  |            |                                   |              |
|     |   | ···        | · .                               |              |
| 21  | 2 (10.15 tel 1/14/5)  |            |                                   | <del></del>  |
| 22  | 3. Are you married? 5 & per 4 d 1475  Spouse's Full Name: Angela marie Walker | Yes        | <del>-</del> · · <del>- · -</del> |              |
| 23  | $oldsymbol{J}$  | ·          | horvigs)                          |              |
| 24. | Spouse's Place of Employment:   |            | · ·                               | · ·          |
| 25  | Spouse's Monthly Salary, Wages or Income:                                     | 1/1        |                                   | : .          |
| 26  | Gross \$  | //         | ·                                 |              |
| 27  | 4. a. List amount you contribute to your spouse's su                          | ipport:\$_ |                                   | ·            |
| 28  | b. List the persons other than your spouse who ar                             | e depend   | ent upon you for                  | support      |
| - 7 |   |            |                                   |              |

| .· |  |  |  |  |  |  |
|----|--|--|--|--|--|--|
| 1  | , and indicate how much you contribute toward their support. (NOTE: For minor                  |  |  |  |  |  |
| 2  | children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).                     |  |  |  |  |  |
| 3  | My Family has custody of an Kids   |  |  |  |  |  |
| 4  |  |  |  |  |  |  |
| 5  | 5. Do you own or are you buying a home? Yes No   |  |  |  |  |  |
| 6  | Estimated Market Value: \$ Amount of Mortgage: \$  |  |  |  |  |  |
| 7  | 6. Do you own an automobile? Yes No  |  |  |  |  |  |
| 8  | Make Year/A Model  |  |  |  |  |  |
| 9  | Is it financed? Yes No If so, Total due: \$  |  |  |  |  |  |
| 10 | Monthly Payment: \$  |  |  |  |  |  |
| 11 | 7. Do you have a bank account? Yes No (Do not include account numbers.)                        |  |  |  |  |  |
| 12 | Name(s) and address(es) of bank: W4/15 F9/50   |  |  |  |  |  |
| 13 | · <del></del>  |  |  |  |  |  |
| 14 | Present balance(s): \$ Negative  |  |  |  |  |  |
| 15 | Do you own any cash? Yes No Amount: \$   |  |  |  |  |  |
| 16 | Do you have any other assets? (If "yes," provide a description of each asset and its estimated |  |  |  |  |  |
| 17 | market value.) Yes No  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 | 8. What are your monthly expenses?   |  |  |  |  |  |
| 20 | Rent: \$ Im In custood Utilities:  |  |  |  |  |  |
| 21 | Food: \$ Clothing:   |  |  |  |  |  |
| 22 | Charge Accounts:   |  |  |  |  |  |
| 23 | Name of Account Monthly Payment Total Owed on This Acct.                                       |  |  |  |  |  |
| 24 | N/A s s  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 | N/A ss   |  |  |  |  |  |
| 27 | 9. Do you have any other debts? (List current obligations, indicating amounts and to whom      |  |  |  |  |  |
| 28 | they are payable. Do not include account numbers.)   |  |  |  |  |  |
|    |  |  |  |  |  |  |
|    |  |  |  |  |  |  |

| 1        |                      | •            |                                       |                 |                 |              |              |             |
|----------|----------------------|--------------|---------------------------------------|-----------------|-----------------|--------------|--------------|-------------|
|          |                      |              |                                       |                 | •               |              |              | · . ·       |
|          |                      |              | · · · · · ·                           | <u> </u>        |                 |              | ·            |             |
|          |                      |              | <u> </u>                              | · · · · ·       | · .             | · · ·        |              |             |
| 10.      | Does the             | e complair   | nt which you                          | are seeking     | to file raise o | laims that h | ave been pr  | esented in  |
| othe     | a lawsuits?          |              | · . /                                 | ,               |                 |              |              |             |
|          |                      |              |                                       | er(s) of the pi | rior lawwrite   | and the n    | ame of the o | ourt in whi |
|          |                      |              | , and name                            | si(o) or the pr |                 | ,, and the B |              |             |
| шеу      | were filed.          |              |                                       |                 |                 |              |              |             |
| ·        |                      |              | ···                                   | · · ·           |                 | <u> </u>     | · · · · ·    |             |
| <u> </u> | <del></del>          | <del></del>  | · · · · · · · · · · · · · · · · · · · |                 | · ·             | <del> </del> | •            | <del></del> |
| ٠.       | I conser             | nt to prison | officials wit                         | hdrawing fro    | om my trust a   | account and  | paying to th | e court the |
| initi    | al partial fili      | ng fee and   | all installme                         | nt payments     | required by t   | he court.    | •            |             |
|          | I declar             | e under the  | e penalty of p                        | perjury that t  | he foregoing    | is true and  | correct and  | understand  |
| that     | a false state        | ment herei   | n may result                          | in the dismis   | sal of my cla   | ims.         |              |             |
| •        | 1 2 6                | 1 -          |                                       |                 | A · I           | . 1          | 1, 0.        | .*          |
|          | 174                  | 5-08         | <del></del>                           |                 | LLIM            | war          | 4.           |             |
|          | DATE                 |              |                                       |                 |                 | OF APPLI     |              |             |
|          | •                    |              |                                       |                 |                 | • • •        |              |             |
| •        |                      |              | •                                     |                 | •               | . '          |              |             |
|          |                      |              |                                       |                 |                 |              |              | 5           |
|          |                      |              |                                       | :               | -               |              |              |             |
| ,        |                      |              | ·                                     |                 |                 |              |              |             |
|          | -                    |              |                                       |                 | • .             | · .          |              |             |
|          |                      |              |                                       |                 |                 |              |              |             |
|          |                      | -            | • •                                   | ٠.              |                 |              |              | -           |
|          |                      | ÷.           | · . ·                                 | • • • • • •     | . ·<br>· .      |              |              |             |
|          | <i>:</i>             | * .          |                                       | ·               |                 | •            |              |             |
|          | <br>. <del>.</del> . |              |                                       | •               |                 |              |              |             |
| · . ·    |                      |              |                                       |                 |                 |              |              |             |
|          |                      |              |                                       |                 |                 |              |              |             |
|          | • .                  |              | : :                                   |                 |                 |              |              |             |

| 1   |  |
|-----|--|
| 2   | Case Number:   |
| 3   | Case Humpel.   |
| 4   |  |
| 5   |  |
| 6   |  |
| 7   |  |
|     | CHENTHAL OF MANAGE   |
| 8   | CERTIFICATE OF FUNDS   |
| 9   | IN243  |
| 10  | PRISONER'S ACCOUNT F 11343   |
| 11  |  |
| 12  | I certify that attached hereto is a true and correct copy of the prisoner's trust account      |
| 13  | statement showing transactions of WALKER J. for the last six months at                         |
| 14  | [prisoner name]  |
| 15  | where (s)he is confined.   |
| 16  | [name of institution]  |
| 17  | I further certify that the average deposits each month to this prisoner's account for the most |
| 18  | recent 6-month period were \$ and the average balance in the prisoner's account                |
| 19  | each month for the most recent 6-month period was \$   |
| 20  |  |
| 21  | Dated: 12-13.07 Love   |
| 22  | [Authorized officer of the institution]  |
| 23. |  |
| 24  |  |
| 25  |  |
| 26  |  |
| 27  |  |
| 28  |  |
|     |  |

## CALIFORNIA DEPARTMENT OF CORRECTIONS CALIFORNIA MEDICAL FACILITY INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 13, 2007 THRU DEC. 13, 2007

ACCOUNT NUMBER: F11343

BED/CELL NUMBER: MIL10000

ACCOUNT NAME : WALKER, JEFFERY

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

## TRUST ACCOUNT SUMMARY

|   | BEGINNING<br>BALANCE | TOTAL<br>DEPOSITS   | TOTAL<br>WITHDRAWALS | CURRENT<br>BALANCE | HOLDS<br>BALANCE | TRA<br>TO    |
|---|----------------------|---|----------------------|--------------------|------------------|--------------|
| · | 0.00                 | 0.00  | 0.00                 | 0.00               | 0.00             |              |
| _ |                      | THE WITHIN INSTRUMENT COPY OF THE TRUST ACC BY THIS OFFICE. ATTEST: 2 3 C CALIFORNIA DEPARTMENT BY TRUST OFFICE | OUNT MAINTAINED      |                    |                  | C<br>AV<br>B |
|   |                      |   |                      |                    |                  |              |

Important Notice in filing to the court

If the court has quustions as to the filing if late I would note the following:

1.I have been under mental health treatment since 2005 and have been continousl in mental health ever since in wich has made my ability ti file at times difficult do to a mental condition that inables me to stay focused or concentra and other mental health issues.

See: Attached documents Medical also filed in a suit seperate from this claim.

2.I Put in for notice of proof of funds prior to any due dates and have inclosed a copy report date 12-13-07 sent in 12-11 07 and just recieved on January 4 07 notice for pick up date.

3 a copy of Legal deadline ducat is also placed in these documents of proof.

I swere under penalty of perjury theforgoing statements are true to my best

ability to recall.x- Juffly Walker 1-19-08

Jeffery walker f 11343